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TO: EXAMINER KATHLEEN M. KERR
FROM: KATHRYN LAPPEGARD
RE: U.S. PATENT APPLICATION SERIAL NO. 09/311,689
ATTORNEY DOCKET NO. 0571R2E
DATE: 01/09/04 FAX NUMBER: (703) 872-9306
NUMBER OF PAGES FOLLOWING THIS SHEET: 4

COMMENTS:

TRANSMISSION INCLUDES THE FOLLOWING:

Transmittal Form (1 Page)
Amendment After Allowance (3 Pages)

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PTO/SB/21 (09-03)

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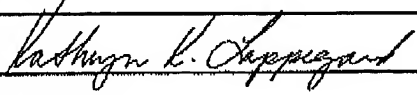
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/311,689
		Filing Date	05/13/1999
		First Named Inventor	Aragula Gururaj Rao
		Art Unit	1652
		Examiner Name	Keer, Kathleen M.
Total Number of Pages in This Submission	4	Attorney Docket Number	Q571R2E

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Amendment After Allowance
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Kathryn K. Lappegard		
Signature			
Date	January 9, 2004		

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Kathryn K. Lappegard		
Signature		Date	January 9, 2004

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I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING FACSIMILE TRANSMITTED TO THE U.S. PATENT AND TRADEMARK OFFICE AT (703) 872-9306 ON JANUARY 9, 2004.

Name (Type or Print) Kathryn K. LappegardSignature Kathryn K. LappegardDate Jan 9 2004**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

First Named Inventor : Aragula Gururaj Rao
Application Number : 09/311,689
Filing Date : 05/13/1999
Title : Proteins With Increased Levels of Essential Amino Acids

Group/Art Unit : 1652
Examiner : Kerr, Kathleen M.

Attorney Docket Number : 0571R2E

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AMENDMENT AFTER ALLOWANCE

In response to the Notice of Allowance of December 19, 2003, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Remarks/Arguments begin on page 3 of this paper.